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022844 7390 06/14/2004

FORD GLOBAL TECHNOLOGIES, LLC.
SUITE 600 - PARKLANE TOWERS EAST
ONE PARKLANE BLVD.
DEARBORN, MI 48126

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Sandra M. Lewis (Depositor's name)
Sandra M. Lewis (Signature)
6/30/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/065,175	09/24/2002	Ellen Cheng-Chi Lee	202-0015	4995

TITLE OF INVENTION: AUTOMOTIVE WASHER SYSTEM UTILIZING A FREEZABLE WASHER LIQUID AND A FREEZE-RESISTANT WASHER LIQUID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(\$)	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/14/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
WALTON, GEORGE L		3753	137-059000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Gigette M. Bejin

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ford Global Technologies, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

One Parklane Blvd., 600 Parklane East
Dearborn, MI 48126

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1510 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Sandra M. Lewis 6/30/04

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07/01/2004 AWONDAF2 00000016 061510 10065175

01 FC:1501

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